



**FAIRFAX COUNTY FIRE & RESCUE DEPARTMENT
FIRE MARSHAL'S OFFICE**

Hazardous Materials Technical Support Branch
12099 Government Center Pkwy, 3rd Floor, Fairfax, VA 22035
Telephone: 703-246-4386, TTY 711, Fax: 703-246-9476

FMO Homepage - <https://www.fairfaxcounty.gov/fire-ems/fire-marshal>



EXPLOSIVES

Fire Prevention Code Permit Application

CHECK ONE:

- ☐ COMPANY LICENSE, ONE YEAR (\$150) **
- ☐ SITE, SIX MONTHS (\$180)
- ☐ VEHICLE/TRANSPORTATION, SIX MONTHS (\$78)
- ☐ LABORATORY, SIX MONTHS (\$150)

COMPANY NAME: _____

COMPANY ADDRESS: _____

OFFICE TELEPHONE: _____ EMERGENCY TELEPHONE: _____

SITE ONLY:

JOB LOCATION: _____

JOB NAME: _____

ADC MAP PAGE & GRID #: _____

VEHICLE/TRANSPORTATION ONLY:

MAKE: _____ MODEL: _____ YEAR: _____ COLOR: _____

LICENSE NUMBER: _____ STATE: _____

MANUFACTURER'S I.D. NUMBER: (VIN) _____

COMPANY TRUCK NUMBER _____

REGISTERED OWNER _____

**** Must Submit Current ATF License for Company License Permit Only**

INSURANCE ON FILE WITH THIS OFFICE:

PERMITS WILL ONLY BE PROCESSED WHEN PROOF OF \$5 MILLION
INSURANCE COVERAGE IS PROVIDED OR IS ON FILE

IF NO, PLEASE FILL OUT INFORMATION LISTED BELOW AND

YES ☐

NO ☐

PROVIDE A COPY OF INSURANCE INFORMATION

INSURANCE COMPANY: _____

POLICY NUMBER: _____

EFFECTIVE PERIOD: _____ FROM: _____ TO: _____

I HEREBY ACCEPT FULL RESPONSIBILITY FOR THE ADHERENCE OF ALL REQUIREMENTS OF
THE FAIRFAX COUNTY FIRE PREVENTION CODE PERTAINING TO THE ABOVE APPLICATION.

COMPLETE PLANS AND CONSTRUCTION DETAILS MUST BE PRESENTED ON ALL MAJOR
PROJECTS AND WHEN REQUESTED BY THE FAIRFAX COUNTY FIRE MARSHAL.

PRINT: _____

SIGN: _____

FOR FIRE MARSHAL USE ONLY

REMARKS: _____

Permit Expires: _____

Certificated of Liability Insurance ☐ ATF Permit ☐ Blaster License/BBC ☐

FIRE MARSHAL: _____

DATE: _____